

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90006 002 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P35593

1. Corporation Name
RARE HOSPITALITY INTERNATIONAL, INC.



Principal Place of Business 8215 ROSWELL RD. BUILDING 200. ATLANTA GA 30350	Mailing Address 8215 ROSWELL RD. BUILDING 200. ATLANTA GA 30350
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24	29
25	30

3. Date Incorporated or Qualified	Applied For
09/19/1991	Not Applicable
4. FEI Number	Applied For
58-1498312	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	
6. Election Campaign Financing	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. Trust Fund Contribution	
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

TERMINELLO, NANCY
2700 S.W. 37TH AVENUE
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PCOO	<input type="checkbox"/> DELETE
NAME	HICKEY JR, PHILIP J	
STREET ADDRESS	8215 ROSWELL RD BLDG 200	
CITY-ST-ZIP	ATLANTA GA 30350	
TITLE	C	<input type="checkbox"/> DELETE
NAME	MCKERROW, GEORGE W., JR.	
STREET ADDRESS	8215 ROSWELL RD. BLDG 200	
CITY-ST-ZIP	ATLANTA GA 30350	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	BENN, W DOUGLAS	
STREET ADDRESS	8215 ROSWELL RD BLDG 200	
CITY-ST-ZIP	ATLANTA GA 30350	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BURNETT, WILLIAM	
STREET ADDRESS	8215 ROSWELL RD. BLDG 200	
CITY-ST-ZIP	ATLANTA GA 30350	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCKERROW, GEORGE SR.	
STREET ADDRESS	8215 ROSWELL RD. BLDG 200	
CITY-ST-ZIP	ATLANTA GA 30350	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAN MARTIN, RONALD W	
STREET ADDRESS	8215 ROSWELL RD BLDG 200	
CITY-ST-ZIP	ATLANTA GA 30350	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *W. J. [Signature]* **REQUIRED** Date: 4/1/99 Daytime Phone #: 770-399-9595

CR2E034 (1-1/98)